



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. ♦ P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 • Fax (360) 397-8091

CATERING SERVICE PACKET

Before opening a catering service, provide the following information to Clark County Public Health:

1. **PLAN REVIEW APPLICATION FORM.** Complete the yellow Plan Review Application form.
2. **PERMIT APPLICATION FORM.** Complete the green Permit Application form.
3. **PLAN REVIEW FEE.** Pay the non-refundable plan review fee.
4. **MENU.** Provide a menu or a list of the foods to be served.
5. **METHOD OF FOOD PREPARATION.** The following information must be provided:
 - Types of food preparation and cooking conducted in the commissary/base of operation.
 - Types of food preparation and cooking conducted in the concession stand.
6. **COMMISSARY FLOOR PLAN.** Provide a floor plan, to a quarter inch scale (1/4 inch = one foot), of the proposed commissary/base of operation indicating locations of the following:
 - Hand wash sinks;
 - Food preparation sink and the floor drain;
 - Commercial refrigeration and freezer units, model and brand;
 - Cooking and hot-holding equipment;
 - Three-compartment sink
 - Dishwasher (if applicable);
 - Mop sink;
 - Ice machine and floor drain;
 - Toilet(s) and hand wash sink(s); and
 - Provide description of finishes on floors, walls, counter tops and ceilings.
7. **LETTER OF AGREEMENT.** If the above commissary kitchen is not owned by applicant, provide a letter of agreement to use the facilities.
8. **FOOD TRANSPORTATION AND ON-SITE EQUIPMENT.**
 - Provide a list of the equipment used to transport hot and cold food.
 - Provide a list of equipment used at the catered event for cold food storage and hot holding. Sterno may not be used for hot holding food at any outdoor event.
9. **ITINERARY.** Provide a list of regularly catered sites or contact Clark County Public Health to schedule an inspection.

**THE ABOVE ITEMS MUST BE SUBMITTED WHEN PAYING FOR A PLAN REVIEW.
If any of these items are omitted, the plan review cannot be accepted.
ALLOW AT LEAST TWO WEEKS FOR PLAN REVIEW COMPLETION.**

Following plan approval:

- ✓ **MAKE AN APPOINTMENT FOR A PRE-OPENING INSPECTION.** A pre-opening inspection of the food establishment must be conducted. Call (360) 397-8428 at least one week in advance to schedule this on-site inspection.
- ✓ **PAY FOR PERMIT.** Before opening, the food service permit must be paid.

COMPLIANCE WITH CHAPTER 246-215 WAC IS REQUIRED

1. **WATER SUPPLY.** Water must be adequate in quantity and quality, supplied by a source approved under WAC 246-290 and monitored according to standards.
2. **SEWAGE SYSTEM.** Provide that all liquid wastes, including ice melt, are disposed into an approved sewage disposal system.
3. **FOOD SOURCE.** All food, including ice, must be from an approved source or commissary and all prepackaged foods must be properly labeled.
4. **REFRIGERATION.** Provide commercial refrigeration units sufficient for all appropriate foods to maintain temperatures to 41 °F or less.
5. **THERMOMETERS.** Provide all refrigeration units with accurate thermometers. Provide an accurate metal stem thermometer to monitor hot and cold food temperatures in the kitchen and after transportation to the food service site.
6. **HAND WASH SINK.** In the kitchen, a hand wash sink must be present which is accessible, convenient and used exclusively for hand washing. The hand wash sink shall have hot and cold water provided through a mixing faucet. There shall be soap dispenser and single use paper towels at the sink.
7. **PLUMBING.** Plumbing must be sized, installed and maintained in accordance with applicable Washington State and local plumbing codes. Provide indirect drains at the food preparation sinks, icemaker and any ice bins.
8. **UTENSIL WASHING.** Provide a three-compartment sink or a three-compartment sink with a mechanical dishwasher with a drain board for the cleaning and sanitizing of equipment and utensils.
9. **EQUIPMENT AND UTENSILS.** Provide that equipment and utensils are cleanable, durable, in good repair, and in conformance with the current standards and listing of the National Sanitation Foundation.
10. **SMOKING.** The use of tobacco is prohibited in any food preparation area, transportation area, and food service area.
11. **GARBAGE STORAGE.** Provide leak proof, vermin proof, and covered container. Provide for appropriate frequency of garbage pickup.
12. **TOILETS.** A toilet must be readily accessible and available within at least 200 feet of the commissary kitchen. Toilet facilities must have a hand-washing sink with hot and cold running water, single service soap and towel dispenser.
13. **FOOD AND BEVERAGE WORKER CARDS.** All food workers must obtain and maintain a valid Washington State Food and Beverage Worker card. For food and beverage worker testing times and information, call (360) 397-8435.

ALL CATERED EVENTS MUST HAVE THE FOLLOWING:

1. **HAND WASHING STATION.** At all outdoor events, provide a 5-gallon insulated container with a spigot that provides a continuous flow of warm water, a bucket to collect the dirty water, a pump soap dispenser and paper towels.
2. **PERMIT and FOOD WORKER CARDS.** The permit must be on-site at any catered event. A photocopy of the permit *is not valid*. Valid Washington Food and Beverage Worker cards must be available for inspection.
3. **SANITIZING SOLUTION.** Wiping cloths, stored in an approved sanitizing solution, to clean up food spills, wipe work surfaces, counter and equipment must present. One-teaspoon bleach in one gallon of tepid water is acceptable.
4. **METAL STEM THERMOMETER.** An accurate metal stem thermometer with a range from 0°F to 220°F must be on-site to monitor hot and cold food temperatures. A roast thermometer is **NOT** acceptable.
5. **APPROVED STORAGE AND DISPLAY OF FOODS.** Potentially hazardous food must be stored at 41°F or colder or hot held at 140°F or higher. All food and utensils must be stored at least 6 inches off the ground. Food must be protected from contamination by the use of sneeze guards, display cases, or other effective measures.

For further information, please call Clark County Public Health at (360) 397-8428, press option 0, and ask to speak with an environmental health specialist in the Food Safety Program.



CLARK COUNTY PUBLIC HEALTH
1601 E. Fourth Plain Blvd. • P.O. Box 9825
Vancouver, WA 98666-8825
Phone (360) 397-8428 • Fax (360) 397-8091

PLAN REVIEW APPLICATION FORM

RESTAURANT NAME or NAME OF ESTABLISHMENT _____
SITE ADDRESS _____ CITY _____ STATE WA ZIP _____
SITE PHONE NUMBER _____ ESTIMATED OPENING DATE _____

BUSINESS NAME OF OWNER or CORPORATION NAME _____
BUSINESS OWNERSHIP STATUS: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC
LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS.
OWNER NAME _____ OWNER NAME _____
BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____
BUSINESS PHONE _____ BUSINESS FAX _____

IS THIS A CHANGE OF OWNERSHIP? NO ☐ YES ☐ IF Yes, date of change: _____
If Yes, previous name of the restaurant? _____
IS THIS: ☐ New construction or conversion of an existing building to a restaurant
☐ An existing restaurant/kitchen remodel
Construction company contact person _____ PHONE _____
BUILDING DEPARTMENT PERMIT NUMBER: _____

TO WHOM SHOULD THE PLAN REVIEW LETTER BE MAILED?
Name _____ Name _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

WATER: ☐ Amboy (CPU) ☐ Battle Ground ☐ CPU ☐ Camas ☐ Vancouver ☐ Washougal ☐ Yacolt (CPU) ☐ Other _____
☐ Small Public Water Supply Name _____ ID# _____

SEWAGE: ☐ Public sewer ☐ On-site septic system. Date of last septic system inspection or pumping: _____

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describe the type of establishment planned.

- | | | | | |
|-------------------------------------|---|---|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Annual Itinerant/Farmer's Market | <input type="checkbox"/> Bakery (only) | <input type="checkbox"/> Grocery/Convenience Store |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Head Start | <input type="checkbox"/> Public Kitchen/Grange | <input type="checkbox"/> Meat/Fish Market (only) | <input type="checkbox"/> with Deli |
| <input type="checkbox"/> Concession | <input type="checkbox"/> Mobile Truck | <input type="checkbox"/> Espresso Cart/Stand | <input type="checkbox"/> Caterer | <input type="checkbox"/> with Bakery |
| | | | | <input type="checkbox"/> with Meat Market |

COMMISSARY LOCATION (For Annual Itinerant, Mobile Truck or Caterer) _____ ID # _____

BASE OF OPERATION LOCATION (For Espresso Cart or Mobile Truck) _____

APPLICANT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

DATE PAID: _____ IN: _____ OW: _____
AMT RCVD: \$ _____ AR: _____ FA: _____ EHS: _____
EHA: _____ SR: _____ PR: _____



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. • P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 • Fax (360) 397-8091

FOOD SERVICE PERMIT APPLICATION FORM

THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED FOR A NEW PERMIT OR TO RENEW AN EXISTING PERMIT

NAME OF FOOD ESTABLISHMENT _____

SITE ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE PHONE _____ FAX NUMBER _____

MAIL CAN BE RECEIVED AT THE ABOVE SITE ADDRESS: ☐ YES

IF NO, LOCAL MAILING ADDRESS _____ CITY _____ STATE WA ZIP _____

SITE E-MAIL ADDRESS _____

OWNER INFORMATION:

BUSINESS NAME or CORPORATION NAME _____

OWNERSHIP STATUS OF ABOVE: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC

LIST ALL THE OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS:

OWNER NAME _____ OWNER NAME _____

OWNER HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER PHONE _____ HOME/EMERGENCY CONTACT PHONE _____

MAIL CAN BE RECEIVED AT THE ABOVE OWNER ADDRESS: ☐ YES

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER E-MAIL ADDRESS _____

BILLING INFORMATION:

NAME _____ CARE OF _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BILLING PHONE _____ BILLING FAX NUMBER _____

ANNUAL GROSS FOOD, BEVERAGE & ALCOHOL REVENUE: (For restaurants and taverns only) **WASHINGTON STATE TAX ID #** _____

Check one: A. ☐ 0- \$250,000 B. ☐ \$250,000 - \$500,000 C. ☐ \$500,000 - \$750,000 D. ☐ \$750,000 - \$1,000,000 E. ☐ \$1,000,000 and over

IS THIS A CHANGE IN OWNERSHIP? NO ☐ YES ☐ If YES, date of change: _____ Previous establishment's name: _____

WATER: ☐ Amboy (CPU) ☐ Battle Ground ☐ CPU ☐ Camas ☐ Vancouver ☐ Washougal ☐ Yacolt (CPU) ☐ Other _____

☐ Small Public Water Supply Name _____ and ID # _____

SEWAGE: ☐ Public Sewer ☐ On-site septic system. Last inspection or pumping date: _____ ***ATTACH COPY OF THIS INSPECTION/PUMPING.**

TYPE OF ESTABLISHMENT: Check one or more of the boxes below that best describes type of establishment:

- | | | | | |
|---------------------------------------|---|--|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Public Kitchen/Grange | <input type="checkbox"/> Bakery (only) | <input type="checkbox"/> Grocery/Convenience Store |
| <input type="checkbox"/> Tavern/Bar | <input type="checkbox"/> Head Start | <input type="checkbox"/> Annual Itinerant/Farmer's Market ** | <input type="checkbox"/> Meat/Fish Market (only) | <input type="checkbox"/> with Deli |
| <input type="checkbox"/> Concession** | <input type="checkbox"/> Mobile Truck** | <input type="checkbox"/> Espresso Cart/Stand** | <input type="checkbox"/> Caterer** | <input type="checkbox"/> with Bakery |
| | | | | <input type="checkbox"/> with Meat Market |

****CURRENT MEMORANDUM OF AGREEMENT FOR COMMISSARY USAGE REQUIRED FOR PERMIT**

Food establishment prepares, offers for sale or serves potentially hazardous food ☐ YES ☐ NO

Is time as temperature control used? ☐ YES ☐ NO

Is a highly susceptible population served? ☐ YES ☐ NO

APPLICANT'S SIGNATURE _____ **DATE** _____

As the Manager and/or Owner, I do hereby make application for a permit to operate a food establishment in compliance with the Rules and Regulations of the State Board of Health for Food Service Chapter 246-215 WAC. I understand that this permit is **NON-REFUNDABLE** and **NON-TRANSFERABLE** to a new owner or a new location. I give Clark County Public Health permission to verify revenue information provided about this food establishment.

FOR OFFICIAL USE ONLY

DATE PAID: _____	IN _____	OW _____
AMT RCVD: \$ _____	AR _____	FA _____ EHS: _____
EHA: _____	SR _____	PR _____



ENVIRONMENTAL HEALTH DEPARTMENT 2011 FEE SCHEDULE

FOOD PLAN REVIEW	
New Construction	\$ 633
Remodel	\$ 399
Annual Itinerant/Espresso/Farmers Mkts	\$ 399
Change of Ownership	\$ 150
Change of Owner-No notification	\$ 250
Longer than 2 hours	\$ 94

RESTAURANT	
Level 1 (A-B)	\$ 261
Level 1 (C-D)	\$ 313
Level 1 (E)	\$ 342
Level 2 (A-B)	\$ 519
Level 2 (C-D)	\$ 618
Level 2 (E)	\$ 670
Level 3 (A-B)	\$ 824
Level 3 (C-D)	\$ 970
Level 3 (E)	\$ 1,045
Manager Inspection Program (MIP)	\$ 340

GROCERY	
Base Permit	\$ 235
w/Meat Market	\$ 235
w/Bakery	\$ 235
w/Deli	\$ 516

ESTABLISHMENT PERMIT	
Bed & Breakfast	\$ 282
Bakery	\$ 258
Caterer	\$ 563
Espresso Stand	\$ 235
Meat Market	\$ 258
Public Kitchen	\$ 258
Seasonal Permit	\$ 258
Seasonal Kitchen (Satellite)	\$ 282

MOBILE TRUCK	
Level 1 Low	\$ 258
Level 2 Medium	\$ 563
Level 3 High	\$ 985

ANNUAL ITINERANT	
Level 1 Low	\$ 235
Level 2 Medium	\$ 516
Level 3 High	\$ 845

SEASONAL TEMPORARY PERMITS	
1-3 Consecutive Days	\$ 143
4-21 Consecutive Days	\$ 286
Temporary Late Fee	\$ 47

FOOD FOLLOW-UP INSPECTION	
Mandatory Follow-up Inspection	\$ 375
Food Probation Inspection	\$ 1,126

SCHOOL PLAN REVIEW	
New Construction	\$ 587
Remodel	\$ 453
Portable Addition	\$ 251

SCHOOL PERMITS	
Cafeteria Public/Private	\$ 563
Permit Student Store	\$ 235
Summer School	\$ 258
Head Start	\$ 282
School Safety Inspection	\$ 399

OTHER	
Additional Services Food Program	\$ 116
Food Handler Card	\$ 10



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. s P.O. Box 9825
Vancouver, WA 98666-8825
Phone (360) 397-8428 s Fax (360) 397-8091

FOOD WORKER CARD TEST INFORMATION

TESTING DAYS & TIMES —

WHEN: Monday, Thursday, & Friday
8:00 to 11:45 AM
1:00 to 3:00 PM

WHERE: Clark County Public Health
1601 E. Fourth Plain Blvd.
Third Floor

- ◆ Registration closes at 3:00 PM.
- ◆ Applicants must complete testing *before* 4:15 PM.
- ◆ Children are not allowed in the testing room and should not be left unattended in the waiting area.
- ◆ For information call 397-8435.

FOR FIRST CARD —

All food workers must have a Washington State food worker card before starting work. The first card is valid for 2 years.

- ◆ Read the Washington State Food and Beverage Worker's Manual **BEFORE** coming to the testing session.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch a 30-minute video on food safety.
- ◆ Pass the test. The written test may be taken in Spanish, Russian, Chinese, Vietnamese, Korean and English.

RENEWING CARDS —

REPLACEMENT CARDS:

- ◆ Bring picture identification and fill out application form.
- ◆ Pay \$10.00 replacement fee.

TO RENEW CARD:

If card is renewed *before* the expiration date on the card, a 3 year card will be issued. The renewal period is **60 DAYS BEFORE** the card expires.

- ◆ Read the Washington State Food and Beverage Worker's Manual.
- ◆ Bring original or a photocopy of current card before it expires.
- ◆ Bring picture identification.
- ◆ Pay \$10.00 fee.
- ◆ Watch the 30-minute video on food safety.
- ◆ Pass the test.

RENEWING CARD FOR 5 YEARS:

- ◆ Follow the procedure to renew a card.
- ◆ Bring proof an approved food safety program has been completed, such as the WSU PIC training or ServSafe, within the last 2 years.

SPECIAL NEEDS TESTING —

Call 397-8428, Ext. 7249 for information and scheduling.

FOR GROUP TESTING —

Worksite group testing offered on a limited basis.

- ◆ Call 397-8444 to schedule group testing.
- ◆ Have employees bring current food worker card and a picture ID to the testing site.
- ◆ Have employees read the Washington State Food and Beverage Worker's Manual.
- ◆ Employees will watch the 30-minute video and then take the written test.
- ◆ Pay \$205.00 group testing fee **AND** \$10.00 fee for each person who takes the test.
- ◆ Cards will be mailed or picked up at Environmental Public Health office upon receipt of payment.

ONLINE INFORMATION —

Food Work information is available online: www.clark.wa.gov, type "food worker" in the search field and press the search button.

The Internet Food Safety Education Program video is now available online in either English or Spanish:

English site:

<http://ccph.gibbymedia.com/foodsafety2/>

Spanish site:

http://ccph.gibbymedia.com/foodsafety2_sp/



For other formats, contact the Clark County ADA Office: **Voice** (360) 397-2000; **Relay** 711 or (800) 833-6388; **Fax** (360) 397-6165; **E-mail** ADA@clark.wa.gov.

FOOD WORKER CARDS ARE VALID IN EVERY COUNTY IN WASHINGTON STATE.



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. • P.O. Box 9825

Vancouver, WA 98666-8825

Phone (360) 397-8428 • Fax (360) 397-8091

COMMISSARY* AGREEMENT (Annual Renewal Required)

The following Food Establishment:

Name of Facility	
Facility Address	City/Zip
Owner Signature	Day Phone Number
Printed Name	Date

Hereby agrees to provide access and use of their food service facility as a commissary kitchen to the owner and employee(s) of:

Name of Business	
Address	City/Zip
Owner Signature	Day Phone Number
Printed Name	Date

Food Safety inspections of commissary activities are required. Indicate applicable day and time of use:

☐ Monday _____ ☐ Wednesday _____ ☐ Friday _____ ☐ Sunday _____
☐ Tuesday _____ ☐ Thursday _____ ☐ Saturday _____

The above permitted commissary is to be used for food preparation and storage, warewashing activities, potable water supply, wastewater disposal and mobile unit servicing needs.

Should either party terminate the Commissary Agreement, the permit for the party requiring commissary use is suspended and all food and beverage operations shall cease until the owner/operator of the permit secures the services of an approved kitchen facility and a signed Agreement provided to CCPH. **This agreement is subject to approval by CCPH and must be renewed annually.**

****"Commissary"** means an approved Food Establishment where food is stored, prepared, portioned, or packaged for service elsewhere (WAC 246-215-0111[4]).

Environmental Health Specialist	Date
---------------------------------	------